

# MULTIPLE DEPENDENT LAIN FEE CALCULATION SHEET

SERIAL NO.

FLING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7		6		6		
8		6		6		
9		6		6		
10		6		6		
11		6		6		
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47						
48						
49						
50						
TOTAL IND.	102		102			
TOTAL DEP.	7		7			
TOTAL CLAIMS	109		109			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						